



UTAH STATE OFFICE OF REHABILITATION
and the
DIVISION OF SERVICES FOR THE DEAF AND HARD OF HEARING
Annual Interpreter Maintenance Renewal Form

PLEASE PRINT

Name _____

Address _____ **NEW? Y N**

City, State, Zip _____

Home Phone _____ Work Phone _____

Birthdate ____/____/____
 month day year

Are you currently certified in another state or have RID
certification? NO ____ YES ____ State _____

E-mail address _____

**PLEASE CIRCLE
Certification Level**

Novice

Intermediate

Master

New Information!

PLEASE READ CAREFULLY!

I certify that I have been involved in the following workshops over the past year (i.e., interpreter training program or **State approved** workshops.) **ALL non-Utah Interpreter Program workshops must be verified with a copy of a certificate of completion or other verification to be applied towards maintenance hours. List workshops and hours completed below. NO CREDIT WILL BE GIVEN FOR INCOMPLETE INFORMATION! The requirement is: NOVICE LEVEL, 20 hours annually; INTERMEDIATE/MASTER LEVELS, 60 hours in 3 years.**

Workshop Title	Date	Presenter/Sponsor	Location	Hours

Interpreter Signature

Date

**Diagnostic
Evaluation**

Date completed

Required every 3 yrs
for Intermediate &
Master Levels

For Division Use Only

Year 1 _____

Year 2 _____

Expiration Year _____

Diagnostic Completed _____

**Return form and payment to
Utah Interpreter Program
5709 South 1500 West
Taylorsville UT 84123-5217**